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**EXAMINING WOMEN AND GIRLS' SAFE SPACES (WGSS)
IN HUMANITARIAN CONTEXTS:**
Research Findings from Northwest Syria and South Sudan

Research Report





Photo: CARE

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Acronyms

BHA:	Bureau of Humanitarian Assistance
CARE:	Cooperative for Assistance and Relief Everywhere
CFS:	Child Friendly Spaces
CYRM-12:	Child and Youth Resilience Measure-12
GBV:	Gender-based Violence
GBV AoR:	Gender-Based Violence Area of Responsibility
GBViE:	Gender-Based Violence in Emergencies
IDP:	Internally Displaced Person
IRB:	Institutional Review Board
IRC:	International Rescue Committee
K-6:	Kessler-6 Distress Scale
UNFPA:	United Nations Population Fund
USAID:	United States Agency for International Development
WGSS:	Women and Girls' Safe Space(s)

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I. Executive Summary

BACKGROUND

Gender-based violence (GBV) in humanitarian contexts represents a global issue of grave concern, disproportionately affecting women and girls. In light of its detrimental impact on the health, well-being and development of survivors, the international community has placed a strong priority on combatting and responding to GBV in all its forms.

Women and Girls' Safe Spaces (WGSS) are among the most widely implemented GBV prevention and response programming interventions globally. In spite of their popularity and potential to increase the well-being, safety, and empowerment of women and girls, there is a lack of rigorous evidence regarding the role of these spaces in the lives of participants. Building an evidence base is particularly crucial in order to understand the impact and effectiveness of WGSS as an intervention and determine ways in which existing programming can be adapted to increase overall quality.

In response to the crucial need for evidence around WGSS programming globally, CARE USA conducted a study to examine the effectiveness of WGSS in the lives of women and girls in two conflict-affected settings, Northwest Syria and South Sudan. These locations are particularly relevant for this research as the selected study sites are home to a large number of internally displaced persons (IDPs), and are settings in which women and girls face a significant risk of experiencing GBV. These contexts are also ones in which CARE has existing WGSS interventions in place.

METHODS

Within each setting, the study utilized a cross-sectional design and compared findings across two primary arms: 1) women and girls involved in WGSS programs; and 2) women and girls from similar locations not involved in WGSS interventions. In each setting, a quantitative survey was administered. Separate survey tools were developed for women and girls in order to reflect relevant age, developmental and other contextual factors. A total of 1,014 women and girls participated in the survey, including 509 in Northwest Syria (254 WGSS and 255 Non-WGSS), and 505 in South Sudan (247 WGSS and 258 Non-WGSS).

RESULTS

Findings revealed service knowledge and utilization to be significantly higher among WGSS participants in both settings. A greater proportion of women and girls in the WGSS group consistently knew where to go for help if they felt unsafe, and were more aware of available GBV response services than their Non-WGSS counterparts. Women and girls in the WGSS group also utilized more types of services in the past year, and were more likely to report seeking formal services because they felt unsafe.

WGSS participation was associated with a greater number and quality of female friendships outside the family, although these results differed according to age across the two country contexts. These findings suggest that WGSS programs are a vital entry point through which women and girls are able to broaden their social networks and form significant relationships outside their households.

A highly significant association was observed between participation in WGSS programs and more gender equitable attitudes, although these measures were only examined in Northwest Syria. Given the multiple ways in which gender equality has been associated with reduced rates of violence and discrimination, and other positive outcomes in the lives of women and girls, these results are particularly promising, and suggest the need for continued programming in this area as part of WGSS interventions.

CONCLUSION

Taken cumulatively, findings from this research suggest that WGSS programs play a critical role in the lives of women and girls, with promising results shown across the majority of study outcome areas. Considering the significant differences observed between WGSS and Non-WGSS participants in Northwest Syria and South Sudan, findings also suggest the need for further research and evaluation to build on this learning, and better understand the drivers of program impact and effectiveness across diverse humanitarian contexts.



II. Background

Gender-based violence (GBV) in humanitarian contexts represents a global issue of grave concern, disproportionately affecting women and girls. In light of its detrimental impact on the health, well-being and development of survivors, the international community has placed a strong priority on combatting and responding to GBV in all its forms. In recent years, global initiatives such as the Call to Action on Protection from Gender-Based Violence in Emergencies have solidified international momentum along with the commitments of the United States and other national governments seeking to engage in meaningful change. As a result of concerted efforts by practitioners and advocates, GBV interventions have also increasingly been recognized as life-saving and essential components of humanitarian response.

Despite this considerable level of investment, there remains a limited evidence base by which to evaluate the impact and effectiveness of GBV prevention and response programs. This gap in the evidence base has been identified by the Call to Action, the Sexual Violence Research Initiative, the Gender-Based Violence Area of Responsibility (GBV AoR), and is also reflective of an overall lack of rigorous evidence pertaining to the impact of humanitarian programming globally.

Among actors seeking to engage in GBV prevention and response programming, Women and Girls' Safe Spaces (WGSS) are among the most widely used interventions globally. Broadly speaking, WGSS seek to provide: physical safety; access to multi-sectorial gender-based violence (GBV) response services; opportunity for women and girls to re-build social networks; psychosocial support; and targeted skill-building. Despite their popularity and enormous potential to increase the well-being, safety, and empowerment of women and girls, there is a lack of rigorous evidence regarding promising practice for implementation as well as the impact of these critical spaces on the lives of participants.

To date, there are no known rigorous studies that have sought to examine the effectiveness of WGSS as a program approach for both women and girls, or across contexts. A systematic review was conducted by the International Rescue Committee (IRC) on GBV interventions for adolescent girls but did not focus on programming for women, and was not specific to WGSS.¹ A literature review on WGSS programming was conducted by the United Nations Population Fund (UNFPA), although it did not use a systematic approach or include peer-reviewed literature, and it focused on identifying existing program activities and resources for practitioners.² A systematic review was also conducted by World Vision and Columbia University as part of a larger study evaluating the impact of Child Friendly Spaces (CFSs) in humanitarian contexts.³ This study on CFSs, although illustrative to the extent that CFS programming represents a parallel type of intervention to WGSS within the Child Protection sector, still leaves the evidence around WGSS unknown since CFSs are not specific GBV interventions, do not include programming for women, and are not exclusive to female participants. While the above-mentioned studies provide useful background to help inform this systematic review, significant gaps exist in the evidence base around the impact and effectiveness of WGSS, further emphasizing the need for this research.

In response to the crucial need for evidence around WGSS programming globally, CARE carried out a study of WGSS programs in Northwest Syria and South Sudan. These locations are particularly relevant for this research as the study sites are home to a large number of internally-displaced persons (IDPs), and are settings in which women and girls face a significant risk of experiencing GBV. These contexts are also ones in which CARE has existing WGSS interventions in place.

¹ Noble, E., Ward, L., French, S. and Falb, K. (2017). State of the evidence: a systematic review of approaches to reduce gender-based violence and support the empowerment of adolescent girls in humanitarian settings, *Trauma, Violence and Abuse*, Jan 1:1524838017699601. doi: 10.1177/1524838017699601.

² United Nations Population Fund. (2017). *Establishing women and girls' safe spaces: A literature review*. Amman, Jordan: United Nations Population Fund.

³ Ager, A., Metzler, J. Vojta, M. and Savage, K. (2013). Child Friendly Spaces: A systematic review of the current evidence-base on outcomes and impact, *Intervention*, 11 (2): 133-47.

Conducting this type of research is essential in order to better understand the role that WGSS as an approach plays in the lives of women and girls in humanitarian contexts, and to build knowledge around how existing ways of engaging in WGSS interventions can be improved and strengthened.

III. Study Objectives

- A. Conduct field research in Northwest Syria and South Sudan to examine the effectiveness of WGSS programming as compared to women and girls not involved in WGSS interventions;
- B. Utilize findings to develop recommendations for innovative WGSS program design and adaptation;
- C. Inform future research on WGSS programming in other contexts, and further build the evidence base.

IV. Methods

STUDY DESIGN

In both study locations, this research used a quasi-experimental design, selecting participants from among the two arms: 1) Women and girls involved in WGSS programming being implemented by CARE and local partners; or 2) Women and girls from similar locations who are not participating in WGSS interventions. In each setting, a quantitative survey was administered to both study arms at a single point in time given that WGSS programming was already operational, making baseline data collection unfeasible. Separate survey tools were developed for women and girls in order to reflect relevant age, developmental and other contextual factors.

In Northwest Syria, the study took place in Idleb and Aleppo, with the sample drawn from five primary locations: Salqin, Idleb City, Maarat Msrin, Qourqeena, and Jarablus, as depicted in Table 1 below:

Table 1: Study Areas in Northwest Syria by Administrative Level

Setting	Administrative Level 1: Governorate	Administrative Level 2: District	Administrative Level 3: Sub-District
Northwest Syria	Idleb	Harim	Salqin
		Idleb	Idleb City
		Idleb	Maarat Msrin
		Idleb	Qourqeena
	Aleppo	Jarablus	Jarablus

In South Sudan, the study took place in Koch and Rubkona, with the sample drawn from five primary locations: Jahjah, Riek/Jaak, Petpet, Mirmir, and Bentiu PoC, as depicted in the Table 2 below:

Table 2: Study Areas in South Sudan by Administrative Level

Setting	State	County	Payam	Boma
South Sudan	Unity State	Koch	Jahjah	Jahjah
			Riek/Jaak	Riek/Jaak
			Petpet	Petpet
			Mirmir	Mirmir
		Rubkona	Bentiu PoC	Bentiu PoC

SAMPLE SIZE AND DETERMINATION OF POWER

The study sample in both country contexts was derived to examine differences in outcomes between WGSS participants and non-participants. In situations where there are no prior estimates of the measures to be compared, studies are typically powered to detect a minimum effect size (d^*), expressed in terms of standard deviation units (σ) of the measure being compared. For example, if a study is designed to detect a minimum effect size (d^*) of $0.50(\sigma)$, with 80% power, the required sample size per group would be 64.

Based on this approach, the target sample size for each location was selected to detect a minimum effect size (d^*) of $0.25(\sigma)$ for each primary measure. The target sample size for each setting was developed based on Table 3 below, which illustrates the number of required subjects per group, assuming a two-group comparison of means, using a two-sample t-test.

Table 3: Number of required subjects per group for two-sided t-test, with $\alpha= 0.05$ and power of at least 80%, assuming equal group sizes

Detectable difference in means (d^*)	0.15σ	0.20σ	0.25σ	0.30σ
Number of subjects per group	699	394	253	176

In line with these calculations, the target sample size for this research in each setting included 253 participants per group (i.e. 253 WGSS participants and 253 Non-WGSS participants), which were evenly distributed across sites selected for data collection. As a result, this study was powered to detect mean differences between WGSS participants and non-participants of at least 0.25σ , when examined separately. In cases where measures were comparable, the study allowed for increased power when examining differences across both settings.

With these factors in mind, the projected sample for Northwest Syria was as follows:

Table 4: Study Sample in Northwest Syria by Location

Setting	Area 1: Salquin		Area 2: Idleb City		Area 3: Maarat Msrin		Area 4: Qourqeena		Area 5: Jarablus	
	WGSS	Non-WGSS	WGSS	Non-WGSS	WGSS	Non-WGSS	WGSS	Non-WGSS	WGSS	Non-WGSS
Northwest Syria	51	51	51	51	49	49	51	51	51	51

The projected sample in South Sudan was as follows:

Table 5: Study Sample in South Sudan by Location

Setting	Area 1: Jahjah		Area 2: Riek/Jaak		Area 3: Petpet		Area 4: Mirmir		Area 5: Bentiu PoC	
	WGSS	Non-WGSS	WGSS	Non-WGSS	WGSS	Non-WGSS	WGSS	Non-WGSS	WGSS	Non-WGSS
Unity State	30	30	30	30	30	30	37	36	126	127

PARTICIPANT SELECTION

In both settings, all women and girls participating in CARE's current WGSS programming were invited to participate in the treatment arm. Participants in the comparison group were selected from women and girls living in project areas who are not involved in WGSS programs being operated by CARE or any other organization. Purposeful sampling was used to select women and girls in the comparison group to reflect a range of ages (including approximately 50% women and 50% girls), and an equal number of non-WGSS participants were selected across the primary locations of data collection. The comparison group for the non-WGSS sample was derived based on CARE's consultation of program records for participants involved in non-WGSS activities, as well as consultation with a community leadership board in selected locations. Across all locations, girls were selected from those between the ages of 12-17, and women were selected from those aged 18-60 years.

RESEARCH MEASURES

CARE's WGSS programming in both Northwest Syria and South Sudan is based on the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, which establish the following primary objectives for WGSS interventions: 1) Provide a vital entry point for female survivors of GBV to safely access information, specialized services, and referrals to health, protection, and other services; 2) Serve as a place where women and girls can access information, resources and support to reduce the risk of violence; 3) Facilitate women's and girls' access to knowledge, skills and services; 4) Support women's and girls' psychosocial well-being, and create social networks to reduce isolation or seclusion, and enhance integration into community life; 5) Generate conditions for women's and girls' empowerment.⁴

Based on these primary objectives, the research team developed key outcome areas to measure, aligned with the broader goals of WGSS programming, and selected the areas that were most relevant to the existing programming being carried out through CARE's WGSS on the ground in proposed study locations. As a result of this process, and in consultation with relevant literature, the following outcomes were selected:

- 1) Psychosocial well-being;
- 2) Social support;
- 3) Knowledge of, and access to, essential GBV services; and
- 4) Gender attitudes.

Once key outcomes were determined, appropriate tools were developed to measure these areas based on known scales and tools that have been used with similar populations in humanitarian contexts.

⁴ United Nations Population Fund (2019). *The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*. New York: UNFPA.

DATA ANALYSIS

Analytic data sets were prepared from original survey data provided by country teams in separate Excel spreadsheets. Extensive data coding and quality checks were implemented for the series of variables selected to produce the results assembled for this report. The primary analysis approach was to compute descriptive statistics separately for the sample of women and girls within each of the two settings. For each analytic variable, the data were summarized separately for women and girls from WGSS programs and compared to those selected from the Non-WGSS sites within the same setting. Basic chi-square statistics for categorical data and the Wilcoxon rank sum test for ordered count data and mean score sums were utilized to assess the statistical significance of univariable comparisons within each domain of measures between WGSS and Non-WGSS participants. No multivariable adjustments for confounding and bias were conducted, although extensive comparisons of the demographic characteristics among these subgroups were also reported.

ETHICAL ISSUES

Research methods and tools used in this study were developed in keeping with the “Do No Harm” imperative, and were guided by recognized international standards for data collection on issues of violence and other sensitive subjects with women and girls.^{5,6,7,8,9,10} Prior to implementation, the study protocol for this research along with corresponding tools was reviewed by an Institutional Review Board (IRB) to ensure compliance with relevant guidelines and standards. In each setting, study tools and methods were also reviewed by local experts to ensure cultural relevance.

Informed consent was obtained from all adult participants involved in the study prior to the start of data collection. In the case of girls who were under the age of 18, the consent of their parents or guardians was gathered in addition to girls’ assent. As part of the informed consent/assent process, it was emphasized to all participants that their involvement in the study is voluntary, and that it would not impact their involvement in, or access to, services or other benefits. Participants were also informed that they had the right to discontinue involvement in the study at any point—even in the midst of data collection activities.

The confidentiality of participants was upheld as a standard practice throughout the study. Names and identifying information of participants were not associated with data, and details of the study were not be shared or discussed with those outside of the research team. Data collection activities also took place in a safe and secure location to ensure confidentiality. The only exception to the principle of confidentiality was in the event that information revealed during data collection triggered mandatory reporting or other referral protocols in place in study locations. Participants were informed of these protocols as part of the informed consent/assent process.

In each context of data collection, the research team ensured that existing referral and reporting protocols were in place to respond to cases of violence against women and girls or other urgent protection concerns

⁵ World Health Organization (2007). *Ethical and safety recommendations for researching, documenting, and monitoring sexual violence in emergencies*. Geneva: World Health Organization.

⁶ UNICEF (2018). *INSPIRE indicator guidance and result framework: Ending violence against children: How to define and measure change*. New York: UNICEF.

⁷ Graham, A., Powell, M., Taylor, N., Anderson, D. & Fitzgerald, R. (2013). *Ethical research involving children (ERIC)*. Florence: UNICEF Office of Research - Innocenti.

⁸ Council for International Organizations of Medical Sciences (CIOMS) and World Health Organization. (2016). *International ethical guidelines for health-related research involving human subjects*. Geneva: CIOMS.

⁹ World Health Organization. (2011). *Standards and operational guidance for ethics review of health-related research with human participants*. Geneva: World Health Organization.

¹⁰ World Health Organization. (2011). *Ethical considerations for research on adolescent sexual and reproductive health*. Geneva: World Health Organization.

that could have emerged—either as a direct result of the research or through self-report to members of the project team. These systems were based on existing structures for responding to cases of GBV and other protection concerns, and information on these structures was shared with all staff involved in the project.

V. Results

A. Northwest Syria

In Northwest Syria, data were collected from a total of 509 respondents, including 254 women and girls participating in WGSS programs, and 255 Non-WGSS participants. The WGSS group included 134 women and 120 girls, while the Non-WGSS group included 131 women and 124 girls. (Table 6)

Table 6: Study Sample by WGSS Participation and Age Category

Study Arm	Women	Girls	Total
WGSS Participants	134	120	254
Non-WGSS	131	124	255
Total	265	244	509

DEMOGRAPHIC DETAILS: WOMEN

Across the total sample of women in Northwest Syria, the mean age was 33.5 years old and there was no significant difference between WGSS and non-WGSS participants. Among women enrolled in the study, 50.2% were IDPs, with the remainder from the host community. The proportion of IDPs among WGSS participants was higher (56.7%) than of those not participating in WGSS programs (43.5%), and this difference was statistically significant ($P=0.0316$).

Regarding household responsibility, 52.8% of women reported living in a household headed by an adult male, 20.4% identified themselves as the head of the household, and 15.9% reported joint leadership of their household between themselves and an adult male. Household responsibility did not vary significantly by WGSS participation. There was an average of 3.2 females, 2.9 males, and 2.9 children in households of women involved in the study, and there was no significant difference based on WGSS participation.

Across the total sample of women, 94.3% reported that they had been to school at some point, and there was no significant difference between study groups. In terms of the highest level of education completed, primary school was mentioned by 36.0% of the total sample of women, and there was no significant difference based on WGSS participation. A greater proportion (31.5%) of those in the WGSS group mentioned secondary school as their highest level completed as compared to those in the Non-WGSS group (19.8%), although these differences were not statistically significant. High school was mentioned as the highest level attained by 22.8% of the total sample, and rates did not vary by WGSS participation. University completion was highest in the Non-WGSS group (12.7% v. 5.7%), although these differences were not statistically significant.

Across the total sample of women, 77.9% reported being married and living with their spouse, 16.8% were widowed, 3.5% were divorced, and 1.77% were married but not living with their spouse. Marital status did not differ significantly between WGSS participants and Non-WGSS participants. Women had

an average of 3.1 children, and no significant difference was observed across study groups. (Table 7)

Table 7: Demographic Details: Women in Northwest Syria (ages 18 and older) by WGSS Participation

	WGSS (N=134)	Non-WGSS (N=131)	Combined (N=265)	p-value
Mean				
Age (N=265)	34.1	32.9	33.5	0.5039
%(N)				
Living Status (N=265)				0.0316
Internally displaced person (IDP)	56.7% (76)	43.5% (57)	50.2% (133)	
Host community	43.3% (58)	56.5% (74)	49.8% (132)	
Household Head (N=265)				0.4140
I am	18.7% (25)	22.1% (29)	20.4% (54)	
An adult male	52.2% (70)	53.4% (70)	52.8% (140)	
Another adult female	0.8% (1)	3.1% (4)	1.9% (5)	
An adult male and I	17.2% (23)	14.5% (19)	15.9% (42)	
Other	11.2% (15)	6.9% (9)	9.1% (24)	
Mean (N)				
Number of females in household (including you) (N=265)	3.0 (134)	3.3 (131)	3.2 (265)	0.250
Number of males in household (children and adults) (N=265)	2.8 (134)	3.1 (131)	2.9 (265)	0.146
Number of children in household (N=262)	2.9 (131)	3.0 (131)	2.9 (262)	0.693
%(N)				
Have you ever attended school? (N=265)				0.1991
Yes	92.5% (124)	96.2% (126)	94.3% (127)	
No/Don't Know	7.5% (10)	3.8% (5)	5.7% (15)	
What is the highest level of education you have completed? (N=250)				0.1350
Primary school	34.7% (43)	37.3% (47)	36.0% (90)	
Secondary school	31.5% (39)	19.8% (25)	25.6% (64)	
High school	22.6% (28)	23.0% (29)	22.8% (57)	
Diploma (2-year technical school)	5.7% (7)	7.2% (9)	6.4% (16)	
University	5.7% (7)	12.7% (16)	9.2% (23)	
Current marital status (N=226)				0.9350
Married, live with spouse	79.5% (89)	76.3% (87)	77.9% (176)	
Married, don't live with spouse	1.8% (2)	1.8% (2)	1.77% (4)	
Widowed	15.2% (17)	18.4% (21)	16.8% (38)	
Divorced	3.6% (4)	3.5% (4)	3.5% (8)	
Mean (N)				
How many children do you currently have? (N=224)	3.2 (110)	3.0 (114)	3.1 (224)	0.4154

DEMOGRAPHIC DETAILS: GIRLS

Among girls in Northwest Syria participating in the study, the mean age was 15.1 years old, and no significant difference was observed between study groups. Across the sample of girls, 52.8% were IDPs, and 41.8% were from the host community, with no significant difference observed across study groups.

Across the sample of girls, 53.5% reported that an adult male was the head of their household, 29.5% reported that their household was headed by an adult male and female, and 16.0% reported that their household was headed by an adult female. Household composition did not differ significantly based on WGSS participation.

With regard to girls' biological parents, 77.1% of the total sample reported living with both their mother and father, while 14.8% reported living with their mother only, and 6.6% reported living with neither parent. A significant ($P=0.0010$) difference was observed across study arms between these categories, with girls in the WGSS group comprised of a higher proportion of those who reported living with both parents (78.3% v. 75.8%) or mother only (20.0% v. 9.7%), while the Non-WGSS group was characterized by a greater proportion of girls who reported living with neither parent (12.1% v. 0.8%). Girls reported an average of 4.1 females and 3.1 males per household, with no significant difference between WGSS and Non-WGSS participants. Across all girls, there was a mean of 3.7 children per household, including a mean of 4.1 among WGSS participants and 3.4 among Non-WGSS participants, and this difference was statistically significant ($P=0.0025$).

In terms of education, 98.4% of girls reported attending school at some point, and there was no significant difference based on WGSS participation. 51.5% of girls reported that secondary school was the highest level of education they had completed to date, while 36.0% reported only completing primary school. Among girls, 58.7% were currently enrolled in school, with no significant variation between study groups. Across the total sample of girls, 44.3% reported being in high school, 18.0% reported being in secondary school, and 5.3% were in primary school, with no significant difference based on WGSS participation.

Regarding marital status, 94.3% of the total sample of girls reported never being married, although there was a highly significant difference between study groups ($P=0.0000$). No girls in the WGSS reported being previously married, while 11.3% in the Non-WGSS group reported being married at some point. Among previously-married girls, 85.7% were married and living with their spouse, while 14.3% were widowed. No girls in the WGSS group reported having children, while the mean number of children among Non-WGSS girls was 0.04 ($P=0.0266$). (Table 8)

Table 8: Demographic Details: Girls in Northwest Syria (ages 17 and under) by WGSS Participation

	WGSS (N=120)	Non-WGSS (N=124)	Combined (N=244)	p-value
Mean				
Age (N=243)	15.1	15.2	15.1	0.5432
%(N)				
Living Status (N=244)				0.2800
Internally displaced person (IDP)	61.7% (74)	54.8% (68)	58.2% (142)	
Host community	38.3% (56)	45.2% (56)	41.8% (102)	
Household Head (N=244)				0.3540
An adult male	48.3% (58)	58.1% (72)	53.3% (130)	
An adult female	19.2% (23)	12.9% (16)	16.0% (39)	
An adult male and adult female	31.7% (38)	27.4% (34)	29.5% (72)	
Other	0.8% (1)	1.6% (2)	1.2% (3)	
Which biological parents are you living with? (N= 244)				0.0010
Father only	0.8% (1)	2.4% (3)	1.6% (4)	
Mother only	20.0% (24)	9.7% (12)	14.8% (36)	
Both	78.3% (94)	75.8% (94)	77.1% (188)	
Neither	0.8% (1)	12.1% (15)	6.6% (16)	
Mean (N)				
Number of females in household (including you) (N=244)	4.3 (120)	4.0 (124)	4.1 (244)	0.2294
Number of males in household (children and adults) (N=244)	3.1 (120)	3.1 (124)	3.1 (244)	0.2749
Number of children in household (N=243)	4.1 (120)	3.4 (123)	3.7 (243)	0.0025
%(N)				
Have you ever attended school? (N=244)				0.3290
Yes	99.2 % (119)	97.6% (121)	98.4% (240)	
No	0.8% (1)	2.4% (3)	1.6% (4)	
Highest level of education completed (N=239)				0.462
Primary school	33.1% (39)	38.8% (47)	36.0% (86)	
Secondary school	51.7% (61)	51.2% (62)	51.5% (123)	
High school	14.4% (17)	9.9% (12)	12.1% (29)	
Diploma (2-year technical school)	0	0	0	
University	0.9% (1)	0	0.4% (1)	
Are you currently enrolled in school? (N=242)				0.0610
Yes	64.7% (77)	52.9% (65)	58.7% (142)	
No	35.3% (42)	47.2% (58)	41.3% (100)	

	WGSS (N=120)	Non-WGSS (N=124)	Combined (N=244)	p-value
Current grade if enrolled in school (N=244)				0.2550
Primary (<= Grade 6)	5.0% (6)	5.7% (7)	5.3% (13)	
Secondary (Grades 7, 8)	17.5% (21)	18.6% (23)	18.0% (44)	
High School (Grades 9,10,11)	38.3% (46)	26.6 (33)	32.4% (79)	
Not Enrolled	39.2% (47)	49.2% (61)	44.3% (108)	
Have you ever been married? (N=244)				0.0000
Yes	0.0% (120)	11.3% (14)	5.7% (14)	
No	100.0% (120)	88.7% (110)	94.3% (244)	
If married at some point, current marital status (N=14)				N/A
Married, live with spouse	0	85.7% (12)	85.7% (12)	
Married, don't live with spouse	0	0	0	
Widowed	0	14.3% (2)	14.3% (2)	
Divorced	0	0	0	
Mean (N)				
How many children do you currently have? (N=14)	0.00 (120)	0.04 (124)	0.02 (244)	0.0266

PRIMARY OUTCOME AREA 1: SERVICE KNOWLEDGE AND UTILIZATION

Service knowledge and utilization represented the first primary outcome area examined across WGSS and Non-WGSS study arms. The first question examined was whether women and girls knew where they could go to receive support if they felt unsafe. Across the total sample, 73.7% of respondents reported they knew where they could go, although the proportion of women in the WGSS who reported this knowledge was higher (78.7%) than those in the Non-WGSS group (68.6%), and this difference was statistically significant ($p=0.0096$).

Highly significant differences were also observed with regard to knowledge of where women and girls in the community could go for help if they experienced various forms of GBV, with women and girls in the WGSS group reporting significantly higher rates as compared to those in the Non-WGSS study arm. For example, 62.5% of women across the total sample reported knowledge of available services to respond to physical abuse, with the proportion significantly higher ($P=0.0003$) among WGSS participants (70.4%) as compared to Non-WGSS participants (54.7%). Findings were similar in the case of services in response to sexual abuse, including 61.7% of WGSS participants reporting knowledge of where go for help, as compared to 39.9% among Non-WGSS women and girls ($P<0.001$). In the case of emotional abuse, 70.5% of WGSS participants reported knowledge of available services, as compared to 52.0% among participants in the Non-WGSS study arm ($P<0.001$). Rates were also higher among WGSS participants in the case of knowledge of available services for sexual exploitation (57.9% WGSS v. 38.6% Non-WGSS; $P<0.0001$), restricted movement (44.9% WGSS v. 29.4% Non-WGSS; $P=0.0003$), and forced marriage (54.5% WGSS v. 36.1% Non-WGSS; $P<0.001$).

Participants were also asked if they knew where a woman or girl could go in the community to access medical care. Across the total sample, 87.6% of respondents reported having knowledge of available services, and there was no significant difference across study arms. A significant difference was observed in the case of knowledge of where to access psychosocial services, with 74.2% of WGSS participants reporting that they knew of available support in this area, as compared to 49.2% among Non-WGSS

participants (P=0.0001). A composite measure was created to examine the mean number of these services for which women and girls reported knowledge. Out of a total of nine service types, women and girls in the WGSS group reported knowledge of a mean of 5.9 services, as compared to a mean of 4.8 services among those in the Non-WGSS group. These differences were highly significant (P<0.001). (Table 9)

Table 9: Knowledge of Services: Women and Girls by WGSS Participation

	WGSS (N=254)	Non-WGSS (N= 255)	Combined (N=509)	p-value
% (N)				
I know where I can go if I feel unsafe	78.7% (200)	68.6% (175)	73.7% (375)	0.0096
I know where a woman or girl in my community can go if she experiences:				
Physical abuse	70.4% (178)	54.7% (139)	62.5% (317)	0.0003
Sexual abuse	61.7% (156)	39.9% (101)	50.8% (257)	0.0000
Emotional abuse	70.5% (179)	52.0% (132)	61.2% (311)	0.0000
Sexual exploitation	57.9% (147)	38.6% (98)	48.2% (245)	0.0000
Restricted movement imposed by someone in her home	44.9% (114)	29.4% (75)	37.1% (189)	0.0003
Forced marriage	54.5% (138)	36.1% (92)	45.3% (230)	0.0000
I know where a woman or girl in my community can access medical care	89.4% (227)	85.9% (219)	87.6% (446)	0.2322
I know where a woman or girl in my community can go for psychosocial support (girls only)	74.2% (89/120)	49.2% (61/124)	61.5% (150/244)	0.0001
Mean				
Number of service types for which knowledge was reported (composite measure)	5.9	4.8	5.3	0.0000

With regard to service utilization, 38.3% of women and girls reported seeking formal services in the past year because they felt unsafe or were experiencing harm. A significant difference (P=0.0013) was observed between study arms, with a higher proportion (45.3%) of WGSS participants reporting that they sought this type of support, as compared to 31.4% of respondents in the Non-WGSS study arm. Similarly, the proportion of women and girls who reported participating in case management services in the past year was 19.7% in the WGSS group, as compared to 1.2% in the Non-WGSS group, and this difference was highly significant (P=0.0000).

Across the total sample, the proportion of those who reported seeking specialized medical services in response to experiencing harm was 14.5%, and no significant difference was observed between WGSS participants and Non-WGSS participants. Based on the three primary service domains seen in Table 10, below, there was a highly significant (P=0.0000) difference in the number of service types women and girls reported utilizing in the past year, with those in the WGSS group reporting that they used a greater number of service types. When considered on a scale between 0-3, the mean for past-year service utilization among women and girls in WGSS programs was 0.8 as compared to a mean of 0.5 among Non-WGSS study participants. (Table 10)

Table 10: Service Utilization in the Past Year: Women and Girls by WGSS Participation

	WGSS (N=254)	Non-WGSS (N=255)	Combined (N=509)	p-value
% (N)				
In the past year, have you sought formal services because you felt unsafe or were experiencing any type of harm?	45.3% (115)	31.4% (80)	38.3% (195)	0.0013
In the past year, have you ever participated in case management services?	19.7% (50)	1.2% (3)	10.4% (53)	0.0000
In the past year, have you ever received specialized medical care in response to experiencing harm?	14.2% (36)	14.9% (38)	14.5% (74)	0.8156
Mean				
Number of service types used within the past year (composite measure)	0.8	0.5	0.6	0.0000

PRIMARY OUTCOME AREA 2: SOCIAL SUPPORT

The second primary outcome area examined through this research was social support, with a focus on the friendships and social relationships in the lives of women and girls. In terms of friendship, a greater proportion of women and girls involved in WGSS programs reported having female friends outside of their family (82.7%) as compared to those in the Non-WGSS group (72.2%) and this difference was statistically significant ($P=0.0045$). WGSS participants also reported having a greater mean number of close female friends (1.8) as compared to those not participating in WGSS programs (1.6), and this difference was statistically significant ($P=0.0441$). Across the total sample, women and girls reported a mean score of 2.2 (out of a possible 4) regarding the frequency with which they see their friends, and there was no statistically significant difference between WGSS and Non-WGSS study participants. Mean scores for questions asking whether participants have someone in their lives they can count on for support, and to what extent they talk to family and friends about important things in their lives did not vary significantly between study arms.

A composite friendship measure was derived, which examined the presence of female friends outside of women and girls' families, the quality of those relationships, and the frequency with which they interacted with them. Women and girls in the WGSS reported a higher mean score on this scale (7.0 out of 15) as compared to those in the Non-WGSS group (5.8) and this difference was highly significant ($P= 0.0011$).

A general social support composite scale was also developed, which examined how frequently women and girls felt that they had people in their lives to provide various forms of support, including in the areas of love, social interaction, sharing information, and assistance with necessary tasks. A high level of social support was observed across the total sample of women and girls, with a mean score of 24.8 (out of 32). Scores on this scale did not vary significantly between WGSS and Non-WGSS study groups. (Table 11)

Table 11: Social Relationships: Women and Girls by WGSS Participation

	WGSS (N=254)	Non-WGSS (N=255)	Combined (N=509)	p-value
% (N)				
Do you have any female friends outside of your family? Response: Yes	82.7% (210)	72.2% (184)	77.4% (394)	0.0045
Mean (N)				
How many close female friends outside of your family do you currently have? (0,1,2,3,4)	1.8 (210)	1.6 (184)	1.7 (394)	0.0441
How often do you typically see your friends? (reverse scoring 0,1,2,3,4)	2.1 (210)	2.1 (184)	2.1 (394)	0.5835
I have friends in my life I can count on for support, and to help me when I need them (0,1,2,3)	2.2 (209)	2.1 (180)	2.2 (389)	0.5878
To what extent do you talk to your family and friends about important things in your life? (revised scoring 0,1,2,3)	1.3 (208)	1.3 (178)	1.3 (386)	0.9383
Sum Friends Composite Score (0-15)	7.0 (251)	5.8 (245)	6.4 (496)	0.0011
Social Support Composite Score (0-32)	24.7	24.9	24.8	0.8785

PRIMARY OUTCOME AREA 3: PSYCHOSOCIAL WELL-BEING

The third outcome area examined through this research was psychosocial well-being, which was defined according to three primary areas: psychosocial distress; self-esteem; and resilience. As previously described, composite scores were used to measure the outcomes of women and girls based on standardized scales that have been used and validated in multiple contexts.

In the case of psychosocial distress, the Kessler-6 (K-6) scale¹¹ was used, which contains six questions that examine a range of emotions (nervousness, hopelessness, restlessness, depression, etc.) and asks respondents to reflect on how frequently they felt that way in the past 30 days. Out of a possible score of 24, with higher scores signifying greater distress, women’s and girls’ rates were relatively low when examined jointly, with a mean score of 8.1. Scores were similar across the WGSS and Non-WGSS groups, with no statistically significant difference between study arms. When women’s and girls’ scores were examined separately, no significant differences were observed across study arms, although women reported a higher mean score of distress (10.8) as compared to girls (6.1).

The second way that psychosocial well-being was examined was in terms of self-esteem. The Rosenberg Self-Esteem Scale¹² was used, which includes ten questions and asks participants to state the extent to

¹¹ Kessler, R.C., Green, J.G., Gruber, M.J., Sampson, N.A., Bromet, E., Cuitan, M., Furukawa, T.A., Gureje, O., Hinkov, H., Hu, C.Y., Lara, C., Lee, S., Mneimneh, Z., Myer, L., Oakley-Browne, M., Posada-Villa, J., Sagar, R., Viana, M.C., Zaslavsky, A.M. (2010). Screening for serious mental illness in the general population with the K6 screening scale: results from the WHO World Mental Health (WMH) survey initiative. *International Journal of Methods in Psychiatric Research* 19(S1), 4-22.

¹² Rosenberg, M. (1965). *Society and the adolescent self-image*. Princeton, NJ: Princeton University Press.

which they agree with a series of positive and negative statements that focus on self-worth. Out of a possible score of 40, the mean score across the total sample was 26.4, indicative of a relatively high level of self-esteem among women and girls. There was no significant difference in self-esteem scores between the WGSS and Non-WGSS groups.

Two separate scales were used to measure resilience, one for women and one for girls. For women, the Connor-Davidson Resilience Scale¹³ was used, which includes ten questions and asks women to rate themselves on how often they exhibit qualities related to healthy coping, problem-solving, and the ability to handle challenging circumstances. Out of a possible score of 40, the score across the total sample was 25.2. Scores in the WGSS and Non-WGSS groups were virtually the same, with no significant difference observed between groups.

In the case of girls, the study used the Child and Youth Resilience Measure-12 (CYRM-12)¹⁴, which includes 12 questions and asks girls to rate themselves on a range of issues related to positive coping skills, family support, education, community life, and future aspirations. Out of a possible score of 36, the mean score among WGSS participants was 32.5 as compared to 30.7, reflecting greater resilience among girls in the WGSS group, and this difference was highly significant (P=0.0005). (Table 12)

Table 12: Psychosocial Well-being: Women and Girls by WGSS Participation

	WGSS (N=254)	Non-WGSS (N=255)	Combined (N=509)	p-value
Mean (N)				
K-6 Distress Score (Women and Girls)	8.4 (251)	7.7 (248)	8.1 (499)	0.1139
(Women only) N=264)	11.3 (133)	10.2 (131)	10.8 (264)	0.0912
(Girls only) N=244	6.1 (120)	6.1 (124)	6.1 (244)	0.9746
Rosenberg Self-Esteem Score	26.6 (254)	26.3 (255)	26.4 (509)	0.6248
Connor-Davidson Resilience Score (Women only)	25.3 (134)	25.0 (131)	25.2 (265)	0.7819
Child and Youth Resilience Score (Girls only)	32.5 (110)	30.7 (113)	31.6 (223)	0.0005

¹³ Connor KM, Davidson JRT. Development of a new resilience scale: the Connor-Davidson Resilience Scale (CD-RISC). *Depression and Anxiety*, 2003; 18: 71-82.

¹⁴ CYRM-12-item: Liebenberg, L., Ungar, M., & LeBlanc, J. C. (2013). The CYRM-12: a brief measure of resilience. *Canadian Journal of Public Health*, 104(2), e131-e135.

PRIMARY OUTCOME AREA 4: GENDER ATTITUDES

The fourth outcome area examined through this study involved the gender attitudes of women and girls. Questions sought to gain the perspectives of women and girls on topics such as household-level gender roles, the acceptability of girls’ education, the involvement of women or men in politics, and other relevant topics. Based on these individual items, three composite scales were derived to look at the degree to which study participants’ perspectives could be considered gender equitable.

The first composite scale (Gender Attitudes Composite 1) focused on gender roles within the household. A highly significant (P=0.0000) association was observed, whereby girls in the WGSS program had a higher mean score (0.8) as compared to those not in the WGSS program (0.3). The same pattern emerged in the case of the second composite scale (Gender Attitudes Composite 2), whereby girls in the WGSS program had a higher mean score (3.5) as compared to girls in the Non-WGSS program (1.9), and this difference was highly significant (P=0.0000). The final composite measure (Gender Attitudes Composite 3) also revealed higher scores (4.3) among women and girls involved in WGSS programming as compared to those not involved in WGSS programs (2.2), and these differences were highly significant (P=0.0000). (Table 13)

Table 13: Gender Attitudes Composite Measures: Women and Girls by WGSS Participation

	WGSS (N=254)	Non-WGSS (N=255)	Combined (N=509)	p-value
Mean				
Gender Attitudes Composite 1 (-5,+5)	0.8	0.3	0.5	0.0000
Gender Attitudes Composite 2 (-8,+8)	3.5	1.9	2.7	0.0000
Gender Attitudes Composite 3 (-13,+13)	4.3	2.2	3.2	0.0000

B. South Sudan

In South Sudan, data was collected from a total of 505 respondents, including 247 women and girls participating in WGSS programs, and 258 Non-WGSS participants. The WGSS group included 170 women and 77 girls, while the Non-WGSS group included 151 women and 107 girls. (Table 14)

Table 14: Study Sample by WGSS Participation and Age Category

Study Arm	Women	Girls	Total
WGSS Participants	170	77	247
Non-WGSS	151	107	258
Total	321	184	505

DEMOGRAPHIC DETAILS: WOMEN

Across the total sample of women, the mean age was 28.8 years old, and no significant difference was observed between study groups. Among women participating in this research, 46.4% were IDPs, 39.2% were from the host community, 9.1% were refugees, and 5.3% were returnees. No significant difference was observed based on WGSS participation.

Among women, 41.7% reported living in a household headed by an adult male, while 29.0% reported being the head of their household, 13.4% reported their household to be headed by another adult female, and 12.8% reported that they and an adult male were joint heads of their household. WGSS participants were more likely to report living in a household headed by an adult male (44.7% v. 38.4%) or being the head of the household (32.9% v. 25.8%) as compared to the Non-WGSS group. Non-WGSS participants were more likely to report living in a household jointly headed with an adult male (19.9% v. 6.5%), or one headed by another adult female (15.9% v. 11.2%), and these differences were statistically significant ($P=0.0000$).

There was a significant difference ($P=0.0000$) in the number of females per household, with a higher number in the Non-WGSS group (4.3) as compared to those participating in WGSS programs (3.2). A similar pattern was observed regarding the mean number of males per household, with a mean of 4.0 Among Non-WGSS women as compared to a mean of 3.0 among women in the WGSS group ($P=0000$). There was a mean of 3.1 children per household across the sample of women, and no significant difference was observed between WGSS and Non-WGSS participants.

Across the total sample of women, 62.3% reported never attending school, including rates of 71.7% among Non-WGSS participants and 54.2% among WGSS participants. Between study arms, these differences were highly significant ($P=0.0010$). Among those who had been to school at some point, the highest level of education completed included 57.0% who finished secondary school, 34.6% who completed primary school, 7.5% who completed high school, and 0.9% who finished a 2-year Diploma. There was no significant difference based on WGSS participation.

Regarding marital status, 68.8% of women reported being currently married and living with their spouse, while 21.5% were widowed, 6.3% were married but living apart from their spouse, and 3.5% were divorced. No significant difference was observed in current marital status between WGSS participants and Non-WGSS participants. Women reported having an average of 3.6 children, and this did not vary significantly across study arms. (Table 15)

Table 15: Demographic Details: Women in South Sudan (ages 18 and older) by WGSS Participation

	WGSS (N=170)	Non-WGSS (N=151)	Combined (N=321)	p-value
Mean				
Age (N=321)	28.2	29.7	28.8	0.4406
% (N)				
Living Status (N=319)				0.0900
Internally displaced person (IDP)	44.6% (75)	48.3% (73)	46.4% (148)	
Returnee	8.3% (14)	2.0% (3)	5.3% (17)	
Host community	38.7% (65)	39.7% (60)	39.2% (125)	
Refugee	8.3% (14)	9.9% (15)	9.1% (29)	
Household Head (N=321)				0.0000
I am	32.9% (56)	25.8% (39)	29.0% (95)	
An adult male	44.7% (76)	38.4% (58)	41.7% (134)	
An adult female	11.2% (19)	15.9% (24)	13.4% (43)	
Adult male and I	6.5% (11)	19.9% (30)	12.8% (41)	
Other	4.7% (8)	0.0% (0)	2.5% (8)	
Mean (N)				
Number of females in household (including you) (N=321)	3.2 (170)	4.3 (151)	3.7 (321)	0.0000
Number of males in household (children and adults) (N=321)	3.0 (170)	4.0 (151)	3.5 (321)	0.0000
Number of children in household (N=321)	3.1 (170)	3.1 (151)	3.1 (321)	0.7353
% (N)				
Have you ever attended school? (N=313)				0.0010
Yes	45.8% (77)	28.3% (41)	37.7% (118)	
No	54.2% (91)	71.7% (104)	62.3% (195)	
What is the highest level of education you have completed? (N=107)				0.411
Primary school	35.8% (24)	32.5% (13)	34.6% (37)	
Secondary school	58.2% (39)	55.0% (22)	57.0% (61)	
High school	4.5% (3)	12.5% (5)	7.5% (8)	
Diploma (2-year technical school)	1.5% (1)	0.0% (0)	0.9% (1)	
University	0	0	0	
Current marital status (N=317)				0.0270
Married, live with spouse	63.7% (107)	74.5% (111)	68.8% (218)	
Married, don't live with spouse	4.8% (8)	8.1% (12)	6.3% (20)	
Widowed	26.8% (45)	15.4% (23)	21.5% (68)	
Divorced	4.8% (8)	2.0% (3)	3.5% (11)	
Mean (N)				
How many children do you currently have? (N=321)	3.4 (170)	3.9 (151)	3.6 (321)	0.2920

DEMOGRAPHIC DETAILS: GIRLS

Among girls participating in the study, the mean age was 15.3 years old, and no significant difference was observed between study groups. Across the total sample of girls, 38.3% were internally displaced persons (IDPs) and 58.2% were from the host community, along with 2.8% who were refugees, and 0.7% who were returnees. These characteristics did not differ significantly across study groups.

Across all girls, 45.9% reported that an adult male was the head of their household, while 40.8% reported their household was headed by an adult female, and 10.8% reported that an adult male and an adult female were joint heads of their household. These responses did not vary significantly across study arms (WGSS vs. Non-WGSS).

With regard to girls' biological parents, 50.3% of the total sample reported living with both their mother and father, while 30.4% reported living with their mother only, 9.9% reported living with neither parent, and 9.4% reported living with their father only. A highly significant ($P=0.0010$) difference was observed across study arms between these categories, with girls in the WGSS group comprised of a higher proportion of those who reported living with both parents (68.1% v. 38.2%), while the Non-WGSS group was characterized by a higher percentage of girls who reported living with their mother only (37.3% v. 20.3%), their father only (9.8% v. 8.7%) or neither parent (14.7% v. 2.9%).

Across the total sample of girls, there was a mean of 4.5 females per household, and no significant difference was observed between study groups. There was a mean of 4.1 males per household, with a higher number among the WGSS group (4.4) as compared to Non-WGSS participants (3.8), and this difference was statistically significant ($P=0.0142$). Girls reported a mean of 3.0 children per household, with no significant difference between study arms.

In terms of education, 58.4% of all girls reported that they had attended school at some point. Between study arms, the proportion of girls who had been to school was significantly higher (81.1%) in the WGSS group as compared to Non-WGSS participants (42.3%) ($P=0.0000$). Half (50.9%) of girls who had been to school at some point, with higher rates reported among WGSS participants (72.5%) as compared to those not in WGSS programming (35.1%), and this difference was highly significant ($P=0.0000$). Across girls who had been to school in the past, 55.6% identified primary school as the highest grade completed, followed by 22.2% who completed secondary school, and these differences were not significant.

Of the girls involved in the study, 68.8% reported that they had never been married, while 31.2% reported that they had been married at some point, and there was no significant difference between WGSS and Non-WGSS participants. Among girls who reported being married at some point, 48.2% reported being married and living with their spouse, while 31.5% reported being divorced, 13.0% reported being married but living apart from their spouse, and 7.4% were widowed. These differences did not vary significantly between study arms. Girls in the study had a mean of 0.9 children, with no significant variation based on WGSS participation. (Table 16)

Table 16: Demographic Details: Girls in South Sudan (ages 17 and under) by WGSS Participation

	WGSS (N=77)	Non-WGSS (N=107)	Combined (N=184)	p-value
Mean				
Age (N=161)	15.6	15.1	15.3	0.0595
% (N)				
Living Status (N=141)				0.0540
Internally displaced person (IDP)	46.9% (30)	31.1% (24)	38.3% (54)	
Returnee	1.6% (1)	0.0% (0)	0.7% (1)	
Host community	51.6% (33)	63.6% (49)	58.2% (82)	
Refugee	0.0% (0)	5.2% (4)	2.8% (4)	
Household Head (N=157)				0.8840
An adult male	47.8% (32)	44.4% (40)	45.9% (72)	
An adult female	37.3% (25)	43.3% (39)	40.8% (64)	
An adult male and adult female	11.9% (8)	10.0% (9)	10.8% (17)	
Other	3.0% (2)	2.2% (2)	2.6% (4)	
Which biological parents are you living with? (N=171)				0.0010
Neither	2.9 % (2)	14.7 % (15)	9.9 % (17)	
Father only	8.7 % (6)	9.8 % (10)	9.4 % (16)	
Mother only	20.3 % (14)	37.3 % (38)	30.4 % (52)	
Both	68.1 % (47)	38.2 % (39)	50.3 % (86)	
Mean (N)				
Number of females in household (including you) (N=184)	4.7 (77)	4.3 (107)	4.5 (184)	0.1317
Number of males in household (children and adults) (N=184)	4.4 (77)	3.8 (107)	4.0 (184)	0.0142
Number of children in household (N=184)	2.9 (77)	3.1 (107)	3.0 (184)	0.6578
% (N)				
Have you ever attended school? (N=178)				0.0000
Yes	81.1% (60)	42.3% (44)	58.4% (104)	
No	18.9% (14)	57.7% (60)	41.6% (74)	
Are you currently enrolled in school? (N=163)				0.0000
Yes	72.5% (50)	35.1% (33)	50.9% (83)	
No	27.5 (19)	64.9% (61)	49.1% (80)	
Highest level of education completed (N=9)				0.3080
Primary school	50.0% (3)	66.7 (2)	55.6 (5)	
Secondary school	33.3% (2)	0.0% (0)	22.2% (2)	
High school	16.7% (1)	0.0% (0)	11.1% (1)	
Diploma (2-year technical school)	0.0% (0)	33.3% (1)	11.1% (1)	
University	0	0	0	
Current grade if enrolled in school (N=157)				0.0010
Primary (<= Grade 6)	33.9% (22)	10.9% (10)	20.4% (32)	
Secondary (Grades 7, 8)	20.0% (13)	15.2% (14)	17.2 (27)	

	WGSS (N=77)	Non-WGSS (N=107)	Combined (N=184)	p-value
High School (Grades 9,10,11)	1.5% (1)	0.0% (0)	0.64% (1)	
Not Enrolled	44.6% (29)	73.9% (68)	61.8% (97)	
Have you ever been married? (N=160)				0.8460
Yes	30.4% (21)	31.9% (29)	31.2% (50)	
No	69.6% (48)	68.1% (62)	68.8% (110)	
If married at some point, current marital status (N=52)				0.0120
Married, live with spouse	77.8% (14)	33.3% (12)	48.2% (26)	
Married, don't live with spouse	11.1% (2)	13.9% (5)	13.0% (7)	
Widowed	5.6% (1)	8.3% (3)	7.4% (4)	
Divorced	5.6% (1)	44.4% (16)	31.5% (17)	
Mean (N)				
How many children do you currently have? (N=184)	0.9 (77)	0.8 (107)	0.9 (184)	0.6896

PRIMARY OUTCOME AREA 1: SERVICE KNOWLEDGE AND UTILIZATION

As in the case of Syria, service knowledge and utilization represented the first primary outcome area examined across WGSS and Non-WGSS study arms in South Sudan. The first question examined was whether women and girls knew where they could go to receive support if they felt unsafe. Across the total sample, 57.4% of respondents reported they knew where they could go, although there was not a significant difference in reported rates between the WGSS and Non-WGSS groups.

Significant differences were observed with regard to knowledge of where women and girls in the community could go for help if they experienced a number of specific forms of GBV. For example, 48.9% of women across the total sample reported knowledge of available services to respond to physical abuse, with the proportion significantly higher ($P=0.0367$) among WGSS participants (53.9%) as compared to Non-WGSS participants (43.9%). Findings were similar in the case of services in response to sexual abuse, including 53.3% of WGSS participants reporting knowledge of where go for help, as compared to 41.7% among Non-WGSS women and girls ($P=0.0129$).

In the case of emotional abuse, 49.6% of the total sample knowledge of available services, although there was not significant difference between study arms. Similarly, 46.3% of participants reported knowledge of available services in response to sexual exploitation, as well as 46.6% who reported knowledge of available services in response to restrictive movement imposed by a household member, although no significant difference was observed between WGSS and Non-WGSS groups. With regard to forced marriage, 44.5% of participants reported knowledge of available services, although responses did not differ significantly based on WGSS participation.

Participants were also asked if they knew where a woman or girl could go in the community to access medical care. There was a highly significant difference in this area, with 71.0% of WGSS participants reporting that they knew of available medical services for women and girls, as compared to only 50.9% of Non-WGSS participants ($P=0.0000$). In the case of psychosocial services, 49.4% of women and girls reported knowledge of available forms of support, although rates did not differ significantly between study arms. Using the composite measure for knowledge of available services, women and girls in the WGSS group reported knowledge of a higher number of service types as compared to those in the Non-WGSS group (4.4 v. 3.5), and this difference was highly significant ($P=0.0006$). (Table 17)

Table 17: Knowledge of Services: Women and Girls by WGSS Participation

	WGSS (N=247)	Non-WGSS (N= 258)	Combined (N=505)	p-value
% (N)				
I know where I can go if I feel unsafe	59.2% (245)	55.7% (246)	57.4% (491)	0.4339
I know where a woman or girl in my community can go if she experiences:				
Physical abuse	53.9% (219)	43.9% (223)	48.9% (442)	0.0367
Sexual abuse	53.3% (227)	41.7% (228)	47.5% (455)	0.0129
Emotional abuse	52.0% (221)	47.1% (204)	49.6% (425)	0.3052
Sexual exploitation	50.7% (227)	41.8% (220)	46.3% (447)	0.0609
Restricted movement imposed by someone in her home	47.9% (211)	45.3% (203)	46.6% (414)	0.6035
Forced marriage	48.3% (230)	40.5% (210)	44.5% (440)	0.1008
I know where a woman or girl in my community can access medical care	71.0% (210)	50.9% (218)	60.7% (428)	0.0000
I know where a woman or girl in my community can go for psychosocial support	53.7% (229)	44.8% (210)	49.4% (439)	0.0610
Mean				
Number of service types for which knowledge reported (composite measure)	4.4	3.5	3.9	0.0006

In terms of past-year service utilization, 42.8% of women and girls across the total sample reported that they sought formal services because they felt unsafe or were experiencing harm. The proportion of WGSS participants who reported using this type of service in the past year was significantly higher (57.6%) than that of Non-WGSS participants (28.1%), and this difference was highly significant ($P=0.0000$). Across the total sample, 28.5% of women and girls reported that they had used case management in the past year, and 19.8% reported accessing specialized medical care, although service utilization in these areas did not vary significantly by WGSS participation.

Based on the three primary service domains referenced above, there was a highly significant ($P=0.0001$) difference in the number of service types women and girls reported utilizing in the past year, with those in the WGSS group reporting that they used a greater number of service types. When considered on a scale between 0-3, the mean for past-year service utilization among women and girls in WGSS programs was 0.9 as compared to a mean of 0.6 among Non-WGSS study participants. (Table 18)

Table 18: Service Utilization in the Past Year: Women and Girls by WGSS Participation

	WGSS (N=254)	Non-WGSS (N=255)	Combined (N=509)	p-value
% (N)				
In the past year, have you sought formal services because you felt unsafe or were experiencing any type of harm?	57.6% (229)	28.1% (231)	42.8% (460)	0.0000
In the past year, have you ever participated in case management services?	28.7% (247)	28.3% (258)	28.5% (505)	0.9108
In the past year, have you ever received specialized medical care in response to experiencing harm?	21.7% (60)	18.9% (127)	19.8% (187)	0.6573
Mean				
Number of service types used within the past year (composite measure)	0.9	0.6	0.7	0.0001

PRIMARY OUTCOME AREA 2: SOCIAL SUPPORT

The second primary outcome area examined in South Sudan was social support, with a focus on the friendships and social relationships in the lives of study participants. The first question examined whether women and girls had female friends outside of their family. When women and girls were examined jointly, 81.9% of the total sample reported having female friends outside of their family, and there was no significant difference between WGSS and Non-WGSS groups. When girls were examined on their own, however, a greater proportion of those in WGSS programs (93.8%) reported having female friendships outside of their family as compared to those in the Non-WGSS group (78.4%), and this difference was statistically significant ($P=0.0082$).

In terms of the number of close friends outside the family, a similar pattern was observed. When the responses of both women and girls were examined together, the mean score on the scale developed to assess the number of friends across both groups was 1.5, and there was no significant difference between study arms. When girls' responses were examined on their own, those in WGSS programs reported having a mean score of 1.8 as compared to those in the Non-WGSS group (1.4), and this difference was statistically significant ($P=0.0006$). Similarly, girls in the WGSS group reported seeing their friends more frequently than those in the Non-WGSS group (with a mean score of 2.9 v. 2.8) and this difference was significant ($P=0.0403$).

Regarding whether or not women and girls reported having friends in their lives they could count on for support, the mean score across the total sample was 1.9 (on a scale out of 3), the mean score across all girls-only was 1.8, and there was no significant difference across study arms in either instance. Regarding the extent to which participants reported talking to friends and family about things that are important to them, the mean score (out of 3) among all women and girls when considered jointly was 1.2, and there was no significant difference across study groups. When girls were examined on their own, those in WGSS programs reported a greater mean score (1.5) as compared to those in the Non-WGSS group (1.1) and this difference was highly significant ($P=0.0008$).

A composite friendship measure was derived, which examined the presence of female friends outside of women and girls' families, the quality of those relationships, and the frequency with which women and girls interacted with those relationships. When women and girls were examined together, the mean score was 8.5 (out of 15), and there was no significant difference between study groups. When girls were examined on their own, girls in the WGSS group had a higher mean score (8.6) as compared to those in the Non-WGSS group (7.5) and this difference was statistically significant ($P=0.0037$).

A general social support composite scale was also developed, which examined how frequently women and girls felt that they had people in their lives to provide various forms of support, including in the areas of love, social interaction, sharing information, and assistance with necessary tasks. Across the total sample, women and girls reported a mean score of 13.9 (out of 32). Scores on this scale did not vary significantly between WGSS and Non-WGSS study groups. (Table 19)

Table 19: Social Relationships: Women and Girls by WGSS Participation

	WGSS (N=247)	Non-WGSS (N=258)	Combined (N=505)	p-value
% (N)				
Do you have any female friends outside of your family? (Women and Girls)	82.2% (225)	81.5% (249)	81.9% (474)	0.8443
Girls Only (n=184)	93.8% (64)	78.4% (102)	84.3% (166)	0.0082
Mean (N)				
How many close female friends outside of your family do you currently have? (0, 1, 2, 3, 4) (Women and Girls)	1.5 (235)	1.5 (244)	1.5 (479)	0.4247
Girls Only (n=184)	1.8 (76)	1.4 (103)	1.5 (179)	0.0006
How often do you typically see your friends? (reverse scoring 0,1,2,3,4) (Women and Girls)	2.9 (234)	2.8 (246)	2.8 (480)	0.1726
Girls Only (n=184)	3.0 (76)	2.6 (103)	2.8 (179)	0.0403
I have friends in my life I can count on for support, and to help me when I need them (0,1,2,3) (Women and Girls)	1.8 (233)	1.9 (243)	1.9 (476)	0.1610
Girls Only (n=184)	1.1 (76)	1.2 (100)	1.2 (176)	0.5952
To what extent do you talk to your family and friends about important things in your life? (revised scoring 0,1,2,3) (Women and Girls)	1.2 (233)	1.2 (241)	1.2 (474)	0.8339
Girls Only (n=184)	1.5 (74)	1.1 (99)	1.3 (173)	0.0008
Sum Friends Composite Score (Scale 0-15) (Women and Girls)	8.4 (207)	8.6 (226)	8.5 (433)	0.9309
Girls Only (n=184)	8.6 (61)	7.5 (91)	7.9 (152)	0.0037
Social Support Composite Score (out of 32)	13.6 (170)	14.3 (151)	13.9 (322)	0.1946

PRIMARY OUTCOME AREA 3: PSYCHOSOCIAL WELL-BEING

Psychosocial well-being in South Sudan was measured using the same primary scales as in the case of Syria. On the K-6 Distress Scale, there was a highly significant difference between those attending WGSS programs and those in the Non-WGSS group. When women’s and girls’ scores were examined jointly, scores were lower for those in the WGSS group (indicating a lower level of psychosocial distress), with a mean score of 8.2 among WGSS participants compared to a score of 9.5 among non-participants (P=0.0008). Similarly, when women’s scores were examined on their own, those in the WGSS group had a mean score of 7.2 as compared to a score of 9.9 in the Non-WGSS group, and these differences were highly significant (P=0.0000). When girls’ scores were examined on their own, however, differences were still significant (P=0.222), but those in the WGSS group had higher scores (10.2) than those not involved in WGSS programming (9.1).

With regard to self-esteem, the mean score on the Rosenberg scale across the total sample of women and girls was 27.6 (out of 40), and there was no statistically significant difference between WGSS and Non-WGSS participants.

On the Connor-Davidson Resilience Scale, which was used with women, there was a statistically significant difference (P=0.0004) based on WGSS participation, although women in WGSS programs had a lower mean score (14.1) than those in the Non-WGSS group (16.6). In the case of girls, the mean score on the Child and Youth Resilience Scale across all girls was 22.9, and there was no significant difference between WGSS and Non-WGSS groups, reflecting a moderately high level of resilience overall regardless of WGSS participation. (Table 20)

Table 20: Psychosocial Well-being: Women and Girls by WGSS Participation

	WGSS (N=247)	Non-WGSS (N=258)	Combined (N=505)	p-value
Mean (N)				
K6 Distress Score: (Women and Girls)	8.2 (237)	9.5 (245)	8.8 (483)	0.0008
(Women Only) N=305	7.2 (162)	9.9 (143)	8.5 (305)	0.0000
(Girls Only) N=177	10.2 (75)	9.1 (102)	9.5 (177)	0.0222
Rosenberg Self-Esteem Score	27.2 (247)	28.0 (258)	27.6 (505)	0.0644
Connor-Davidson Resilience Score (Women Only)	14.1 (170)	16.6 (151)	15.3 (321)	0.0004
Child and Youth Resilience Score (Girls Only)	22.4 (75)	23.4 (102)	22.9 (177)	0.9284

VI. Discussion

This study sought to examine the effectiveness of WGSS programming in the lives of women and girls in two conflict-affected settings, in order to determine the degree to which participation in WGSS interventions could be associated with positive outcomes across four primary domains: service knowledge and utilization; social support; psychosocial well-being; and gender attitudes.

It is notable that service knowledge and utilization were significantly higher among WGSS participants across both Northwest Syria and South Sudan. As findings suggest, a greater proportion of women and girls in the WGSS group consistently knew where to go for help if they felt unsafe, and were more aware of available GBV responses services than their Non-WGSS counterparts. Women and girls in the WGSS group also utilized more types of services in the past year than those not involved in WGSS programs, and were more likely to report seeking formal services because they felt unsafe.

While these findings are in some ways intuitive, as connecting women and girls with essential services is one of the primary goals of WGSS programs, the fact that significant differences were observed between WGSS participants and non-participants suggests that these interventions are serving a critical role in terms of connecting women and girls with needed forms of support.

With regard to social support, findings were somewhat different across the two settings. In the case of Northwest Syria, involvement in WGSS programs was associated with a significantly higher number of female friendships outside of the family. Similarly, women and girls in WGSS programs reported higher composite scores on the friendship measure that looked collectively at participants' relationships in terms of overall quality and frequency of contact. These findings suggest that WGSS programs are a vital entry point through which women and girls are able to broaden their social networks and form significant relationships outside of their households.

In South Sudan, there was a significant difference in the number and quality of friendships for girls who attended WGSS programs, although this pattern did not hold true for women. These findings suggest that in South Sudan, WGSS programming may be serving a particularly powerful role for girls vis-à-vis strengthening their social networks, although the reasons that would explain why this is not the case for women warrant further investigation.

It is also notable that the general composite measure for social support did not vary significantly across study arms in either setting, with a relatively high level of reported social support overall. As this scale included questions such as having someone to provide care when sick, or help with necessary tasks, it is likely that women and girls participating in the study are receiving these forms of support from those within their households, and that these types of support are less related to the components of WGSS programming.

In the case of psychosocial well-being, findings were somewhat different between country contexts. In Northwest Syria, reported distress scores were relatively low overall when the responses of women and girls were examined jointly although, when women's responses were examined on their own, overall distress rates were higher. It is notable that rates of distress were similar regardless of WGSS participation. These findings suggest the need to further explore the differential causes of distress between women and girls, as well as ways in which programming can be adapted to respond to them.

In the case of self-esteem, responses in Syria across women and girls were relatively high overall, and no significant difference was observed based on WGSS participation. Similarly, women's resilience scores were also relatively high overall, with no variation between study groups. In the case of girls' resilience, however, scores were significantly higher (suggestive of greater resilience overall) among those involved in WGSS programming, suggesting that WGSS may be playing a particularly vital role in the lives of girls with regard to their self-efficacy and positive coping strategies. These differential results

between women and girls warrant further investigation in order to better understand the drivers of resilience, how they may vary according to age and other socio-cultural factors, and how programming can be adapted to take these issues into consideration.

In South Sudan, differential results according to age were also observed in the area of psychosocial distress. As previously described, women involved in WGSS programming reported significantly lower rates of distress as compared to those not involved in WGSS activities. In the case of girls, however, this pattern was reversed, and rates of distress were actually higher among WGSS participants. In the case of resilience, it is notable that women in South Sudan who were involved in WGSS programming reported significantly lower scores (suggestive of lower resilience overall) than their Non-WGSS counterparts. Based on these issues, it would be useful to further explore the drivers of resilience among women in study areas in South Sudan, and to explore ways that programming can be adapted in response.

Gender attitudes represented the final outcome area examined through this research, although it was only examined in Northwest Syria. It is notable that a highly significant association was observed between participation in WGSS programs and attitudes more supportive of gender equality. Scores were significant for all three composite scales, with the mean score twice as high among WGSS attenders as compared to non-attenders on the third gender composite score. Given the multiple ways in which gender equality has been associated with reduced rates of violence and discrimination as well as other positive outcomes in the lives of women and girls, these results are particularly promising, and suggest the need for continued programming in this area as part of WGSS interventions.

VII. Conclusion

Taken cumulatively, findings from this research suggest that WGSS programs play a critical role in the lives of women and girls, with promising results shown across the majority of study outcome areas. In light of the significant differences observed between WGSS and Non-WGSS participants in Northwest Syria and South Sudan, findings also suggest the need for further research and evaluation in order to build on this learning and better understand the drivers of program impact and effectiveness across diverse humanitarian contexts.



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